

# Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>A.H.</i>	<i>42193</i>	<i>1/29/00</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>2/10</i>
FORMALITY REVIEW	<i>AB</i>	<i>59383</i>	<i>3-2-00</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 - ..... Allowed  
 (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	1/29/00
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If more than 150 claims or 10 actions  
staple additional sheet here